



## SPONSORSHIP REQUEST APPLICATION COVER SHEET

### Agency Information

Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Amount Requested: \_\_\_\_\_  
Event Date(s): \_\_\_\_\_ Event Location: \_\_\_\_\_  
Theme or purpose of event: \_\_\_\_\_  
Other participants or partners: \_\_\_\_\_

Type of Business/Agency (check one):

**Please include a completed W-9 Request for Tax ID Number & Certification, available at <http://www.irs.gov>**

- ☐ Non-Profit Tax ID \_\_\_\_\_  
☐ Partnership Tax ID \_\_\_\_\_  
☐ Individual SSN \_\_\_\_\_  
☐ Other (please describe) \_\_\_\_\_ Tax ID \_\_\_\_\_  
If applicable

### Sponsorship Information

Name of Event and Agency/Organization Host: \_\_\_\_\_

Please indicate which one (or more) of the First 5 Inyo County Strategic Results areas that your project will address:

- ☐ Children 0-5 receive timely and adequate oral health services to prevent, detect and treat dental caries.  
☐ Children 0-5 are safe from abuse and neglect from their parents and caregivers.  
☐ Parents and caregivers have the knowledge and skills needed to support the developmental needs, including early literacy, of children 0-5  
☐ Children 0-5 have access to high-quality early care and education.

Have you previously received funding from First 5 Inyo County?

- ☐ No  
☐ Yes (please explain date(s) funded, project name, amount funded: \$ \_\_\_\_\_ )

## Printed Materials

All printed materials are required to acknowledge the receipt of First 5 Inyo County funds. Before materials are printed and distributed, the final draft must be reviewed and approved by designated staff of First 5 Inyo County.

## Results Reporting

Funded Applicant will be required to submit a one-page final report, within thirty (30) days after the event date.

## Defense and Indemnification

Applicant shall defend, indemnify, and hold harmless County, its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses, and other costs, including litigation costs and attorney's fees, arising out of, resulting from, or in connection with the project funded pursuant to this application. Applicant's obligation to defend, indemnify, and hold the County, its agents, officers, and employees harmless applies to any actual or alleged personal injury, death, or damage or destruction to tangible or intangible property, including the loss of use. Applicant's obligation under this paragraph extends to any claim, damage, loss, liability, expense, or other cost which is caused in whole or in part by any act or omission of the Contractor, its agents, employees, suppliers, or anyone directly or indirectly employed by any of them, or anyone whose acts or omissions any of them may be liable. Applicant's obligation to defend, indemnify, and hold the County, its agents, officers, and employees harmless under the provisions of this paragraph is not limited to, or restricted by, any requirement for Applicant to procure and maintain policy of insurance.

## Disclosure Statement and Certification

I, \_\_\_\_\_, of \_\_\_\_\_, hereby state that the funds being

Name

Name of Agency

requested in this application do not supplant any existing revenue sources. I certify that the information contained in this proposal is true and accurate to the best of my knowledge and belief. If applicable, I further certify that this grant application is submitted with the full knowledge and endorsement of the governing board of this organization, which is empowered to enforce compliance with all contract conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title of Authorized Agent

Date received by Commission office: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date Awarded: \_\_\_\_\_



## Sponsorship Request APPLICATION FORM

Please complete the following questions, limiting the responses to a maximum of 2 pages.

1. Select at least one Strategic Result from the four result areas within the Commission's Strategic Plan and describe how the event relates to the Goal(s) selected. *A list of the Strategic Results is included in this packet.*
2. Describe the event, including the target audience, and number of individuals estimated to attend.
3. Explain how the event will benefit children 0-5 years of age, and their families.
4. What is the estimated total budget of the event? Please identify the total budget requested from the Commission and include the expected revenue that will be generated from the event (if any).
5. a) Does the target audience include non-English speaking participants?  
☐ Yes ☐ No  
b) If yes, describe below how you will address the needs of non-English speakers:
6. How will Commission funds be used to support the event? Please include a budget and budget justification of how Commission funds will be used. Be sure to identify any in-kind amount(s) with a brief description.
7. Please attach copies of draft materials announcing the event, if applicable.
8. Please list below other anticipated funding sources of the event. Use extra space if necessary to identify all funding sources.

Other Funding Source	Total Funding
1.	
2.	
3.	
4.	
5.	